

ADMISSION AGREEMENT

Name of Child _____ Nickname _____

Date of Birth _____ Sex _____

Parent's Name _____

Emergency Phone Number if parent will not be on-site _____

Persons authorized to pick up the child:

Name	Relationship to Child	Address	Phone Number

Name of child's physician/clinic. _____

Does your child have any allergies? If yes, please list. _____

Does your child have any medical conditions? If yes, please list. _____

Are all of your child's immunizations current? _____

I attest that the above information is complete and correct.



(Parent Signature)

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and/or provide emergency medical transportation.



(Parent Signature)